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TITLE OF INVENTION: LARGE SCALE PREPARATION OF ALPHA-1 PROTEINASE INHIBITOR AND USE THEREOF

ISSUE FEE DUE

ART UNIT

1656

<del>\$755</del> \$1510

28765

APPLICATION NO.

10/572 523

APPLN, TYPE

nonprovisional

WINSTON & STRAWN LLP PATENT DEPARTMENT 1700 K STREET, N.W. WASHINGTON, DC 20006

EXAMINER

GEBREYESUS, KAGNEW H

Typed or printed name Allan A. Fanucci

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

PREV. PAID ISSUE FEE

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30.256

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Registration No.

TOTAL FEE(S) DUE

£1055, \$1810

(Depositor's name (Signature) (Date

CONFIRMATION NO

4723

DATE DUE

01/12/2011

Winston & Strawn LLP

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FIRST NAMED INVENTOR

Shahtai Bauer

PUBLICATION FEE DUE

\$300

CLASS-SUBCLASS

514-012000

or agents OR, alternatively,

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Kamada Ltd. Rehovot, Israel Please check the appropriate assignee category or categories (will not be printed on the patent): 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) X Issue Fee A check is enclosed. A Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1814 (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status, See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Pagent and Trademark Office. Quuca' Authorized Signature \_ Date December 20, 2010

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